I.	PRORATION OFF Operator	ICE			
	OPERATOR				
	THANSI ON EX	GAS			
	TRANSPORTER	OIL			
	LAND OFFICE				
	U.S.G.S.				
	FILE	/-			
	SANTA FE	1			
	DISTRIBUTION				
	NO. OF COPIES RECI	8			

I.

I.

V.

7.

I.

November 15, 1966

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104

Supersedes Old C-104 and C-110

FILE /-	K L QUEST	AND ALLOWING S OFFICE O.	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURALP	ARC:	
LAND OFFICE		Nov 17 3 17 Th	1 '00	
TRANSPORTER GAS	-		RECEIVED	
OPERATOR 5	_		600	
Operator			NOV 2 1 19cc	
Sunset Inter	enational Petroleum Corpo	ration	O, C.S.	
201 Wall Bui	lding, Suite 308, Midlan	d. Texas	TO THE REAL PROPERTY OF THE PARTY OF THE PAR	
Reason(s) for filing (Check proper bo.	x)	Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion Change in Ownership	Oil Dry Go Casinghead Gas Conde	TT CC OT AG TT-T-	66	
If change of ownership give name and address of previous owner	Wolfson Oil Company.	3206 Republic Nat'l.	Bank Tower, Dallas,	
DESCRIPTION OF WELL AND	LEASE		Texas	
Lease Name		me, Including Formation	Kind of Lease	
Light Federal Location	1 Bens	on, Queen Grayburg North	State, Federal or Fee Federal	
Unit Letter K K; 19	P80 Feet From The South Lin	ne andFeet From ^	The West	
Line of Section 29 , To	ownship 185 Range	30E , NMPM,	Eddy County	
	TER OF OIL AND NATURAL GA			
Name of Authorized Transporter of Oi		Address (Give address to which approx	·	
The Permian Corporation Name of Authorized Transporter of Co	asinghead Gas or Dry Gas	P. O. Box 3119, Midlan Address (Give address to which approx	d. Texas ved copy of this form is to be sent)	
Gas pipe line not avai	lables Very small volume	of produced gas is ven	ted.	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Who		
If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:		
Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
			, , , , , , , , , , , , , , , , , , , ,	
Perforations			Depth Casing Shoe	
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUEST F		fter recovery of total volume of load oil o	and must be equal to or exceed top allow-	
OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lif	t. etc. l	
-		, , , , , , , , , , , , , , , , , , ,	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - MCF	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
	\			
CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION	
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED NOV 2 1 1966 , 19		
Commission have been complied above is true and complete to the	with and that the information given e best of my knowledge and belief.	BY W. a. Great	ssett	
•	,B. 2000	TITLE OIL AND GAS INSPEC	TOR	
<u>a</u>	, <u>, , , , , , , , , , , , , , , , , , </u>			
<i>R</i>	mBrakam		ompliance with RULE 1104. able for a newly drilled or deepened	
	ature)		nied by a tabulation of the deviation	
	ion Clerk	{ 	st be filled out completely for allow-	

All sections of this form must be filled out completely for allow able on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter or other such change of condition.